| CHANGE OF  |                      | Patent Number          |                          |
|--|----------------------|------------------------|--------------------------|
| CORRESPONDEN   |                      | Issue Date             |                          |
| Paten  | OIPE                 | Application Number     | 10/083,260               |
|  | 4                    | Filing Date            | October 19, 2001         |
| Address to:  | AUG 2 5 2005         | First Named Inventor   | Mark Alan Winkler et al. |
| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | State Parace and the | Attorney Docket Number | 501606                   |

Please change the correspondence Address for the above-identified patent to:

| OR                             |       |     |  |
|--------------------------------|-------|-----|--|
| Firm <i>or</i> Individual Name |       |     |  |
| Address                        |       |     |  |
| Address                        |       |     |  |
| City                           | State | Zip |  |
| Country                        |       |     |  |
| Telephone                      | Fax   |     |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

| ☐ Patentee | Э. |
|------------|----|
|------------|----|

□ Customer Number: 23460

- Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 36,035.

| Typed or<br>Printed Name | Eley O. Thompson   |  |                                   |
|--------------------------|--|--|-----------------------------------|
| Signature                | Mul  |  |                                   |
| Date                     | Avgust 23, 2005  | Telephone                                | (312) 616-5600                    |
| NOTE: Signatu            | res of all the inventors or assignees of record of the entir | e interest or their representative(s) ar | e required. Submit multiple forms |

★ Total of 1 forms are submitted.

if more than one signature is required, see below\*.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Change Correspondence Address (7/25/03)